



WASHINGTON GUARANTEED EDUCATION TUITION PROGRAM

P.O. Box 43450
Olympia, WA
98504-3450
1-800-955-2318
Fax 1-360-704-6200

Authorization for Automatic Payroll Deduction

Important Notes: If your GET account(s) is (are) not already established, you must enroll and open an account. Forms are available in HR or by contacting GET directly.

SECTION I. EMPLOYEE NAME AND ADDRESS INFORMATION

Last First Middle

Address City / State / Postal Code

Social Security Number Home Phone Number Work Phone Number

SECTION II. STUDENT BENEFICIARIES

Student Name	GET Account Number Required	SSN Required	Deduction Amount (\$20 min. per GET Acct) \$10 min. per paycheck
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Total \$ _____

SECTION III. ACCOUNT DIRECTION (Check one box)

- ☐ New Payroll Deduction
- ☐ Change Payroll Deduction Amount: From: \$_____ to: \$_____
(Must complete Section II)
- ☐ Reallocate Deduction Amounts between Designated Student Beneficiary GET Accounts
(Must complete Section II)
- ☐ Stop Payroll Deduction

Note: This form will be processed for the date requested above or for the first available payroll cycle after receipt in your employer's payroll office.

SECTION IV.**PAYROLL AUTHORIZATION****OVERLAKE HOSPITAL MEDICAL CENTER**

Human Resources Department
Contact Benefit Specialist at (425) 688-5922 or (425) 688-5000

Important Notes: If your GET account(s) is (are) not already established, you must enroll and open an account.

This form supersedes any current GET deduction. It is the employee's responsibility to notify the GET program when a deduction will not be taken for one or more pay periods and to make alternative payment arrangements.

Payments not received by month-end may result in a late payment fee being assessed.

In signing this form I am requesting that payroll deduction be established or modified as indicated in Sections II and III above and agree to the preceding terms.

Employee Signature _____ Date _____ Phone _____

Checklist for Employee

- ☐ Please Open your GET Account with the State before you enroll for payroll deduction. HR has the forms or you may contact the WA State GET Program at 1-800-955-2318
- ☐ Are your deductions in Section II for a minimum of \$20 for each GET account? Did you use whole numbers?
- ☐ Did you write the total of your deductions in the Authorized Monthly Payroll Deduction Amount box of Section II?
- ☐ Did you indicate your desired effective date for the payroll deduction or change to take effect in Section III? Did you mark the desired action in Section III?

- ☐ Did you sign exactly as your name appears on the form?

After completion of this form, make a copy for your records and give this form to HR.
You must have a GET Account opened with the State before payroll deduction can occur.

GET Program – Payroll Deduction

PO Box 43450

Olympia, WA 98504-4350

If you have questions call 1-800-955-2318.